



**The State of New Hampshire
Insurance Department**

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**Paula T. Rogers
Commissioner**

**INSURANCE COMPANY PRODUCER APPOINTMENTS
TRANSMITTAL FORM**

Company Name _____

NAIC Code _____

Transmission Date _____

Number of Pages Attached (Do not
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Number of Transactions (Max of
25/page) _____

Fee Enclosed (Number of Transactions *
\$25) \$ _____

Name of Person (Responsible for this
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Mailing Address (Street Address) _____

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